

REQUIREMENTS FOR CALIFORNIA STATE CERTIFICATION IN DIAGNOSTIC RADIOLOGIC TECHNOLOGY

EDUCATION REQUIREMENT

- **California Schools**

Graduation diploma or certificate from a California-approved diagnostic radiologic technology school.

- **Out-of-State School**

Graduation diploma or certificate from a diagnostic radiologic technology school that is equivalent to that of a California-approved school.

- **Foreign Schools**

The schools must send **all** the following documents **directly** to the Department of Health Services:

1. Graduation diploma or certificate from a diagnostic radiologic technology program equivalent to that of a California-approved school.
2. Official transcripts.
3. Clinical education completion document.
4. A cover letter, signed and sealed by the registrar, attesting to authenticity of documents.

- **Military Schools**

Graduation diploma or certificate from a U.S. Military Service diagnostic radiologic technology program that is equivalent to that of a California-approved school.

EXAMINATION INFORMATION

1. Applicants who document passing the American Registry of Radiologic Technologists examination in Radiography ARRT(R) will be issued a California certificate in Diagnostic Radiologic Technology without examination.
2. To become ARRT(R) certified, contact the American Registry of Radiologic Technologists (ARRT) directly.
3. Applicants who can not document passing the ARRT(R) examination must take and pass the State of California Diagnostic Radiologic Technology Examination administered by the ARRT. **NOTE:** The state examination administered by ARRT is **used for state certification only**.

APPLICATION PROCESS

1. Submit a COMPLETE Radiologic Health Branch (RHB) Diagnostic Radiologic Technology application.
2. Submit **RHB APPLICATION FEE** (see attached fee schedule) in the form of a check or money order payable to the Department of Health Services.
3. Submit graduation certificate or diploma from a California-approved school or equivalent.
4. Submit documentary evidence that you have passed the ARRT(R) examination **OR**
5. For those applicants required to pass the state examination: submit to the Department an **EXAMINATION FEE OF \$65.00** payable to the ARRT in the form of a cashier's check or money order (*personal checks will not be accepted*).
6. Mail all material to the Department of Health Services.

EXAMINATION PROCESS

1. **Applicants approved to take the state examination administered by ARRT will receive examination scheduling information from ARRT.**
2. **RHB will inform applicants of examination results.**
3. **The fee paid to ARRT to take the state Diagnostic Radiologic Technology examination is nonrefundable.**

APPLICATION FOR A CERTIFICATE IN DIAGNOSTIC RADIOLOGIC TECHNOLOGY

Last name		First name		Middle initial	Date of birth
Mailing address (number, street)					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City		State	ZIP code	Home telephone number ()	
Social security number	E-mail address		Fax number ()	Work telephone number ()	

NOTE: All information on this application is releasable to the public. You may submit a P.O. box number rather than a home address if no other business address is available. California Public Records Act (PRA), Government Code, Sections 6250, et seq.

Have you previously submitted an application for a California certificate/permit? ☐ YES ☐ NO

If YES, provide certificate/permit number(s) _____

Provide previous name(s) used if applicable _____

Have you passed the American Registry of Radiologic Technology examination in Radiography, ARRT, (R)?
☐ YES ☐ NO

If YES, submit the following:

- (1) Completed application form
- (2) Application fee (see attached requirement document)
- (3) Documentary evidence that you have passed the ARRT (R) examination

If NO, submit the following:

- (1) Completed application form
- (2) Application fee (see attached requirement document)
- (3) Examination fee (see attached requirement document)
- (4) Completion document from diagnostic radiologic technology training program

OATH: *I hereby attest that the submitted documents and information are true and accurate. I understand that submitting false documents or information is a misdemeanor punishable under California law. Further, I know that I may not expose human beings to X-rays in California unless I am authorized to do so by the California Department of Health Services, Radiologic Health Branch.*

PLEASE READ PRIVACY NOTIFICATION ON THE REVERSE SIDE BEFORE SIGNING.

Signature of applicant		Date
Mail application, supporting documents, and fee(s) to: Department of Health Services Radiologic Health Branch—Certification P.O. Box 942833, MS 178 Sacramento, CA 94234-2833		DEPARTMENT OF HEALTH SERVICES' USE ONLY 180 days: _____ School code: _____ <input type="checkbox"/> Fee paid
FOR EXPRESS DELIVERY ONLY: Department of Health Services Radiologic Health Branch—Certification 601 North Seventh Street, MS 178 Sacramento, CA 95814		

Class code: _____ Certificate number: _____ Issue date: _____

Issued by: _____ Coded by: _____ Date coded: _____

PRIVACY NOTIFICATION: This information is requested by the Department of Health Services, Radiologic Health Branch, and is needed to determine your eligibility for admission to the diagnostic examination pursuant to Section 107005 of the Health and Safety Code. Unless otherwise noted, the information requested is mandatory. Failure to provide the information may result in denial of your application. The information may be provided to federal, state, or local agencies for law enforcement purposes. For information or access to your records, contact Chief, Radiologic Health Branch—Certification, P.O. Box 942732, MS 178, Sacramento, CA 94234-7320; telephone (916) 445-0931

THIS SPACE FOR DEPARTMENT OF HEALTH SERVICES ONLY

Comment: _____
